2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000065837** Jan 19, 2000 8:00 am **Secretary of State** GLOBAL ASSET INVESTMENTS, INC. 01-19-2000 90280 033 ***158.75 Mailing Address Principal Place of Business 301 YAMATO RD., STE 3110 301 YAMATO RD., STE 3110 BOCA RATON FL 33431-4919 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State - 3594231 Not Applicable \$8.75 Additional Fee Required Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARONBERG, DAVID T Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD., STE 3110 **BOCA RATON FL 33431** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President TITLE DAVID T. ARONBERL Addition TITLE Delete NAME NAME 301 YAMATO RD, STE 3110 STREET ADDRESS STREET ADDRESS BOCA RATION FL 33431 CITY-ST-ZIP CITY-ST-ZIP **™** Addition Vice President ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Raton FL 33496 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to precipite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

Daytime Phone #